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# PUBLIC HEALTH REPORTS

VOL. 35

APRIL 30, 1920

No. 18

## STANDARDIZATION OF MUNICIPAL HEALTH ORGANIZATION.<sup>1</sup>

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Standardization of municipal health organizations involves a careful consideration of the aims and purposes of municipal health departments and of the scope of municipal health work. The question naturally arises, To what extent is standardization feasible and desirable? It is both feasible and desirable to standardize "objectives" in municipal health work; but standardization in detail of methods of procedure is extremely difficult, and in many instances may be undesirable. Fundamentals in public health work are the same for all cities, and may be standardized. These are the factors in the public health problem which are common to all cities. The general lines of procedure in achieving success in each fundamental objective can be standardized; but just as soon as we attempt to standardize details of procedure we meet tremendous obstacles and are quite as likely to produce chaos as order.

If we could build health departments *de novo* with unlimited funds, disregarding politics, tradition, and the provisions of city charters, laws, and ordinances, we would construct a very different organization from that which the reorganizing health officer is forced to accept as the best possible machine, considering all the circumstances.

The question of money is paramount in determining what kind of an organization should be installed. We must shape our garment according to the available cloth. It is true that money largely determines the total amount of work which may be done; but it is also true that to a great extent the health officer's sense of proportion, and of relative values, will determine the amount spent upon each factor and the total achievement in life-saving and disease prevention.

The health officer will meet difficulties in adjusting his appropriations according to his sense of proportion. He will find it difficult to discontinue or curtail expenditures which save little life and prevent little disease, if these expenditures are popular, traditional, and in accord with some of the peculiar fallacies which the layman still believes. He will find it extremely difficult to secure appropriations to initiate new work unless this work has been made popular and has the support of public opinion.

<sup>1</sup> Read at the meeting of the Council on Health and Public Instruction, American Medical Association, Chicago, Ill., Mar. 4, 1920.

As far as possible we should eliminate from health department appropriations the cost of street cleaning, collection and disposal of refuse and garbage, and housing and plumbing inspection, and secure the transfer of these activities to the appropriate department. Much of the nuisance problem and the regulation of offensive trades should be handled as a police matter. The health department should serve as an advisory and consulting authority in shaping the policy of police, public works, street cleaning, and other city departments toward these indirect health activities. Standardization by an authoritative agency will be of inestimable value to the health officer in having charged to other departments the cost of the indirect health activities which are often paid for out of health appropriations.

Let us consider, first, the aims of an ideal health department and the objectives which it seeks to attain, and then the fundamentals of organization.

The aims of health departments may be stated to be the eradication of preventable diseases, the elimination of corrigible physical and mental defects, and the maintenance of all individuals in the best possible physical and mental condition. In carrying out these aims we have as objectives:

The prevention of infant mortality;

The prevention and correction of physical and mental defects in the child; and

The prevention of preventable diseases.

To accomplish these aims and to attain these objectives we must consider the following fundamental parts in our health machine:

Administration.

Public Health Education.

Vital Statistics.

Sanitary Engineering.

Child Hygiene.

Food Inspection.

Industrial Hygiene.

Hospitals and Sick Relief.

Communicable Diseases.

This list of fundamentals is by no means complete or accurate for all cities. Some few cities have little need for industrial hygiene while others have a tremendous industrial problem. In the larger cities at least two of the communicable diseases, tuberculosis and venereal diseases, are important enough to justify special divisions. The best adjustment of inspection activities, medical, sanitary, and food inspection, can only be determined by careful study of each community. The same is true of hospitals and sick relief.

Standardization of the fundamentals of organization can be effected on a nation-wide basis, and a committee on standardization could formulate the general classes of work which should be undertaken in every municipal health department. Such a committee could also, to some extent, determine the general type of organization, as, for

example, one having a full-time health officer with advisory council, but the delimitation of the work into divisions can be done intelligently only after careful study of the individual city. No blanket rule for organization can be made to cover all branches of work, although some divisions are obviously essential in any city health department.

Besides the committee on standardization of fundamental activities, a very distinct service could be rendered by subcommittees upon each factor in the organization. For example, committees on vital statistics, child hygiene, communicable diseases, laboratories, industrial hygiene, public health education, sanitary engineering, and food inspection could determine how far it would be wise to go in standardization and how much should be left to individual study with special report.

As an example of the value of such standardization I may cite the possibilities in securing epidemiologic data in usable form by a proper employment of the vital statistics division and the regular field force of the department. There is ample machinery for collection of data in many departments, but this personnel is employed in securing and recording data which are useless for epidemiologic purposes and in many instances serve no practical purpose whatever. The standardization and simplification of report blanks and record cards could be effected by a committee, and this would go far toward correcting this defect.

I believe that the general lines of procedure can be more logically standardized upon a State than upon a National basis. I further believe that it would be better to leave the details of procedure to special surveys with report and recommendation for each city.

The committee on standardization can make very useful recommendations for the transfer of much of the work of abating nuisances, the collection and disposal of garbage and refuse, to other departments; but here again local conditions will determine how best to adjust the work in each city. I am inclined to the belief that beyond fundamentals, attempted standardization will yield inferior results to those obtained by careful individual studies of each city, with recommendations according to what is feasible.

Because of tradition, health officers are prone to consider the exercise of police power as their most important function; whereas much greater results can be secured by the exercise of the supervisory and coordinative function applied to all agencies, official and unofficial, which are engaged in health work.

In initiating new work, standardization will be of great assistance, but the health officer's greatest aid will often be the demonstrations made by voluntary unofficial agencies. Thus, in standardizing health departments, which really means reorganization of health

departments, the voluntary and unofficial agencies engaged in health work must be considered and their activities utilized to cover gaps in the official campaign.

Many unofficial agencies were pioneers in health problems, such as those of tuberculosis and infant mortality, at a time when health officials were unable, and in some cases, I regret to say, unwilling to expand over their own legitimate field. I believe in most instances the indifference of health officials to health problems in the field outside of that of the well-known "contagious" diseases was more apparent than real, and that their failure to preempt promptly this field was due in most instances to a lack of proper financial support.

The magnificent work of the unofficial agencies must be recognized and efforts must be made to correlate their work under official supervision until funds are available for taking over by the official agency of the strictly official part of their work. In a long experience with unofficial health agencies I have never known an instance where the unofficial body refused to recognize the powers of the official agency, and I have always found them ready to surrender official work to the proper agency when that agency was ready to take it up.

The greatest single defect in municipal health organization to-day is the lack of machinery for coordinating and utilizing voluntary and unofficial agencies in an official plan to insure team work. There has not been too much activity by voluntary and unofficial organizations, but there has been too little utilization and coordination of these agencies in a comprehensive plan having for its object the prevention of waste effort, duplication, and conflict. To secure coordination of these agencies some form of central advisory committee is essential, and in the larger cities the health center, with, perhaps, a subcommittee, will be found to be the most useful instrument for decentralizing and applying the principles of team work locally.

A standardizing committee on municipal health organization must, therefore, as its primary function, devise means of utilizing all existing voluntary unofficial agencies as an integral part of the official health machine, and recommend the changes in health department organization which are necessary to effect this result.

There should be only one health department within any legal jurisdiction; special health departments for any age-group or class of the population constitute an unwarranted encroachment upon the just powers of the health department.

It is futile to argue that boards of education should not do work in child hygiene for the particular group of school age, because they are already doing such work in many communities. The fact remains that all such work should be under the advisory supervision of the health department, although the carrying out of details may properly be done by the educational authorities according to the program of

the health department. The supervision of all health work must be conceded to the health authorities, and usurpation of this function by any agency should not be tolerated.

I have spoken of the value of the health center as a public health instrument. There is a very great need for standardization of the scope of work of health centers.

The term "health center" has been very loosely used as a name for everything from a milk station to a miniature health department. A real health center should be a complete health department. In a small city the health department should be the health center. In larger cities health centers should be established for the purpose of decentralizing official health activity and linking with it every agency carrying on public health activities within the area. It should also serve as a common headquarters in order to effect the closest cooperation with workers for sociologic and economic betterment.

To operate successfully, the health center must have official status, and in addition to the diagnostic and dispensary facilities, the public health nurses and other official personnel, it should house the liaison officers, when necessary or advisable, from unofficial or voluntary agencies. It must be remembered that one of the most useful results made possible by a properly conducted health center is the creation of a real community spirit which will furnish the popular support necessary for success in public health work.

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## **LIABILITY OF A CITY FOR ACTS COMMITTED BY ITS OFFICERS IN ENFORCING HEALTH LAWS.**

By DAVID ROBINSON, United States Public Health Service.

Hesitancy and reluctance are manifested by some city administrative and health officials in enforcing quarantine and isolation provisions of venereal disease control laws and ordinances. Reference is made particularly to the mayors, chiefs of police, and health officers who are in sympathy with the efforts of the State boards of health in cooperating with the United States Public Health Service in conducting the present campaign for control and eradication of syphilis, gonorrhea, and chancroid.

The argument is urged by some officials of this class that in enforcing the provisions of the venereal disease control ordinances and laws, some day some one who has suffered legal injury to his or her rights "will bring a big damage suit against the city." Fear, lest the city be mulcted in damages, has caused these officials to be extremely timid in performing a duty devolving upon them by law.

In urging more thorough enforcement of the recently passed laws for the control of venereal diseases, the writer is not unmindful of the difficulties that sometimes arise from faulty administration of these